DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/05/2014 FORM APPROVED OMB NO. 0938-0391

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY	` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
REX REHAB & NURSING CARE CENTER OF APEX Maj ID			345508	B. WING _		08/	01/2014	
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 371 F 371 F 371 F 373 A8.3.5(I) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to provide a barrier between ready to eat food and the servers' bare hands for 4 Nursing Assistant's (NA's), (NA#1, NA #2, NA #3 & NA #4), who picked up bread with their bare hands during 4 of 4 observed meals. A dining observation was conducted on 7/29/14 at 12:40 PM in the 200 hall dining room. NA #1 was observed to sanitize her hands and placed at ray on the dining table for a resident. She then assisted the resident with putting butter on her biscuit. NA #1 picked the biscuit up with her bare hands, pulled it in half, laid the top down and applied butter with a knife to the bottom portion. She then placed the bottom of the biscuit with her bare hands and placed it on the bottom portion. Gloves were available in the dining area, deli tissues or other barriers were not observed.					911 SOUTH HUGHES STREET	DE		
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by: Based on observations and staff interview the facility failed to provide a barrier between ready to eat food and the servers' bare hands for 4 Nursing Assistant's (NA's), (NA#1, NA#2, NA#3 & NA#4), who picked up bread with their bare hands during 4 of 4 observed meals. A dining observation was conducted on 7/29/14 at 12:40 PM in the 200 hall dining room. NA#1 was observed to sanitize her hands and place a tray on the dining table for a resident. She then assisted the resident with putting butter on her biscuit. NA#1 picked the biscuit up with her bare hands, pulled it in half, laid the top down and applied butter with a knife to the bottom portion. She then placed the bottom of the biscuit on the outer circumference of the plate, picked up the top portion of the biscuit with her bare hands and placed it on the bottom portion. Gloves were available in the dining area, deli tissues or other barriers were not observed. Corrective Action for residents found to have been affected by the deficient practice: No residents were identified. Immediately upon realization that the deficient practice was occurring, one on one education was started by nursing management with those coworkers identified. How facility will identfy other residents having the potential to be affected by the same deficient practice: How facility will identfy other residents having the potential to be affected by the same deficient practice: Meal service observations are being conducted by DON, ADON, Nurse Educator, or Department Head to identify deficient technique in delivering and setting up resident meals. Meal delivery, set up and feeding procedures are being		The facility must - (1) Procure food fro considered satisfac authorities; and (2) Store, prepare,	om sources approved or tory by Federal, State or local distribute and serve food	F 3	71		8/15/14	
12:23 PM in the 100 hall dining room. NA #2 was		by: Based on observation facility failed to prove eat food and the sex Nursing Assistant's NA #2, NA #3 & NA their bare hands duted A dining observation 12:40 PM in the 200 observed to sanitize on the dining table assisted the resident biscuit. NA #1 picked hands, pulled it in happlied butter with a She then placed the outer circumference top portion of the biplaced it on the bott available in the dini barriers were not of A dining observation.	ions and staff interview the vide a barrier between ready to rvers' bare hands for 4 (NA's), (NA #1, #4), who picked up bread with ring 4 of 4 observed meals. In was conducted on 7/29/14 at 0 hall dining room. NA #1 was e her hands and place a tray for a resident. She then not with putting butter on her ed the biscuit up with her bare alf, laid the top down and a knife to the bottom portion. The bottom of the biscuit on the e of the plate, picked up the scuit with her bare hands and tom portion. Gloves were no area, deli tissues or other observed. In was conducted on 7/30/14 at		have been affected by the def practice: No residents were identified. upon realization that the defic was occurring, one on one ed started by nursing management those coworkers identified. How facility will identfy other representation to be affected by potential to be affected by potential to be affected by DON, ADON, Noteducator, or Department Head deficient technique in delivering setting up resident meals. Mest up and feeding procedure	Immediately ient practice lucation was ent with esidents cted by the lurse d to identify and al delivery,		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

08/14/2014

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 960251

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345508	B. WING		08/01	I/2014
NAME OF PROVIDER OR SUPPLIER REX REHAB & NURSING CARE CENTER OF APEX			9	, , , , ,	7172014	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPIDEFICIENCY)	BE	(X5) COMPLETION DATE
F 371	observed to sanitize on the dining table a spoon and one is resident's roll to the 12:25 PM, NA #2 another residents resident with puttir picked the resident pulled it in half, laid butter with a spoot then placed the bocircumference of the portion of the roll with on the bottom pot the dining area, of deli tissue were not a dining observation of the dining table assisted the resident then plate and set it beside the resident then plate and set it off. A dining observation the dining table assisted the resident then plate and set it off. A dining observation the dining table assisted the resident then plate and set it off. A dining observation the dining table assisted the resident then plate and set it off. A dining observation the dining table assisted the resident then plate and set it off. A dining observation the dining table assisted the resident then plate and set it off. A dining observation the dining table assisted the resident then plate the placed the resident then placed the resident then placed the resident the resi	re her hands and place a tray of for a resident. She then used bare finger to move the e side of the resident's plate. At was observed to place a tray at table. She then assisted the ng butter on her roll. NA #2 It's roll up with her bare hands, do the top down and applied in to the bottom portion. She of the plate, picked up the top with her bare hands and placed ortion. Gloves were observed in the food barrier items such as not observed. In was conducted on 7/30/14 at 10 hall dining room. NA #3 was be her hands and place a tray of for a resident. She then ent with her tray. NA #3 picked oll from on top of her quiche the plate onto the tray. In was conducted on 7/31/14 at 10 hall dining room. NA #1 was be her hands and place a tray of the plate onto the tray. In was conducted on 7/31/14 at 10 hall dining room. NA #1 was be her hands and place a tray of the plate onto the tray. In was conducted on 7/31/14 at 10 hall dining room. NA #1 was be her hands and place a tray of the plate onto the tray. In was conducted on 7/31/14 at 10 hall dining room. NA #1 was be her hands and place a tray of the plate onto the tray. In was conducted on 7/31/14 at 10 hall dining room. NA #1 was be her hands and place a tray of the plate, picked up the bescuit up with her bare half, laid the top down and a knife to the bottom portion. The bottom of the biscuit on the coof the plate, picked up the biscuit with her bare hands and	F 371	Measures put into place/systemic changes made to ensure that the opractice will not recur: Meal Service Policy and Procedure developed to establish clear expector safe and sanitary meal service. All facility staff were educated on the Meal Service Policy and Procedure Education was completed on 8/15/ New hire direct care staff orientation includes Meal Service Policy and Procedure education and observed validation of proper technique during orientation process beginning. This process began 8/11/14. How the facility plans to monitor its performance to make sure that solare sustained: Facility DON, ADON, Nurse Educated Department Head will monitor committed with Resident Meal Service Policy of Procedure by observing a minimum meals per week for the first 4 week beginning 8/15/14. After that, a mit of 6 meals biweekly for 2 months. Findings will be reported to the Quant Assurance Performance Improvem Committee monthly. Any deviation policy identified in interviews will be immediately reported to the Adminity.	e was tations ne 2. 14. 20 n now 21 ng the s autions tor, or pliance and n of 6 cs nimum ality nent from e	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION		E SURVEY PLETED
		345508	B. WING			08/	01/2014
NAME OF PROVIDER OR SUPPLIER REX REHAB & NURSING CARE CENTER OF APEX				9	TREET ADDRESS, CITY, STATE, ZIP CODE 11 SOUTH HUGHES STREET APEX, NC 27502		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETION DATE
F 371	#4 was observed a resident's slice of to with her bare hands dining area, other for tissue were not observed. During an interview AM she stated "If a is near gravy or sau a meat I have to cur move it with my har between each residindicated that she could not phands to move it or stated "We have be with soap and wate each resident that we be with soap and wate each resident that ca applying the condinicated "I did put but the resident that ca applying the condinicated "I did put but this morning. I pick hands." NA #4 indicted by the facility the with her bare hands NA #4 stated "We hands with soap and between each resident that can be tween each resident that soap and between each resident that soap and the soap an	tion revealed at 8:39 AM NA pplying butter and jelly on a past while holding the toast is. Gloves were observed in the cod barrier items such as deliserved. I with NA #2 on 7/31/14 at 9:13 biscuit, roll or piece of breaduce; or if bread is in the way of it up, then I pick it up and indes since I sanitize my hands item that I serve." NA #2 and not been told by the facility bick up bread with her bare apply condiments to it. NA #2 are noted to sanitize our hands in or hand sanitizer between we serve." I with NA #4 on 7/31/14 at 9:28 and NA's are expected to assist nnot assist themselves with ments that they choose. NA #4 atter and jam on a piece of toast ed up the toast with my cated that she had not been nat she could not pick up bread is to apply condiments to it. have been told to sanitize our individed water or hand sanitizer.	F 3	371	or designee for further investigation Facility DON, ADON, Nurse Educa Department Head will review the N Service Policy in the monthly Nurse Nursing Assistant meetings for the months of August, September and October.	tor, or Meal e and	

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		345508	B. WING _		08	/01/2014
NAME OF PROVIDER OR SUPPLIER REX REHAB & NURSING CARE CENTER OF APEX				STREET ADDRESS, CITY, STATE, ZIP CODE 911 SOUTH HUGHES STREET APEX, NC 27502		
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F 371	butter or jelly on the with my hands to produce that the food of the totouch the food of stated "We are explands with soap a resident that we see that the food with the produce that the food of the procedure and the procedures and the procedures and the procedure food of the procedure	herself. If a resident wants eir biscuit I open the biscuit but the butter on it." NA #1 facility had never taught her not with her bare hands. NA #1 bected to sanitize or wash or and water between each erve." er (DM) was interviewed on M. The DM indicated that the at Coordinator (SDC) trained for serving of food. The DM bect that anyone serving food od items, there must be a se server and the food item such its. In the kitchen staff have ear gloves when bagging food tensils if they have to move in a food tray." reviewed on 7/31/14 at 2:10 PM. If that when NA's are hired they rientation of facility policy and earling that includes sanitation eautions, but not a specific without the show them what to do	F 37	71		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED			
		345508	B. WING		08/	/01/2014		
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F 371	items had been per DON indicated that had not been introd monthly NA meetin NA's to know better food items. The DO training does not sp residents in the din NA's as they serve	erve and handling of food received as a problem. The the topic of safe food serving luced or discussed in the gs, but she did expect the than to touch the residents' N stated "The NA's initial pecifically include serving ing rooms. We do not monitor residents food. Yes, the NA's items, we are going to fix this.	F3	371				